MEDI-CAL HEALTH CARE PROGRAM UPDATE

July 16, 2003

Aid Codes for Aged, Blind & Disabled (ABD) Persons

There continues to be confusion among staff regarding when and how to assign aid codes to persons in the ABD population. If an ABD person is found to have a zero share of cost, before applying the deductions from the Aged and Disabled FPL (A&D FPL) Program, the aid code should remain 14, 24 or 64 (or other applicable code if the person does not have Satisfactory Immigration Status). However at any time the A&D special deductions are used, the appropriate A&D FPL aid code (1H/1U or 6H/6U) must be used.

Ref. Administrative Directive 4095, dated 10/30/00.

MEDS

Don't forget that a review of MEDS records during the eligibility process is a requirement of the Medi-Cal process. Below is a brief list of critical points when a MEDS record must be reviewed.

A MEDS record must be reviewed at:

Intake - To prevent reconciliation problems between MEDS and LEADER, review the persons SSN, birth date, and CIN for accuracy.
Approval - To ensure that Medi-Cal eligibility has updated to MEDS and that the information matches LEADER.
Termination - To ensure that Medi-Cal eligibility has updated to MEDS and that the information matches LEADER.
Benefit Issuance - To ensure that benefits were correctly issued for on going and all retro months.

Reminder: MEDS must show the person as ELIGIBLE in order for the Medi-Cal benefits to be accessed.

Ref. Administrative Memorandum 00-49, dated 10/30/00

New MC 220 Authorization for Release of Information

The MC 220 Authorization for Release of Medical Information has been revised and renamed, _Authorization for Release of Information_, and reflects other significant changes that providers must have prior to releasing health information.

Effective immediately, the new MC 220 is required for all disability packets sent to the State Programs-Disability and Adult Programs Division (SP-DAPD). All disability packets received by the State Programs that contain a prior version of the MC 220 and that were signed on or after April 14, 2003 may be rejected. If the form is rejected, the new MC 220 needs to be completed by the applicant/beneficiary. Medi-Cal Program will be releasing a Forms Manual Letter shortly.

Ref. Call Out No. 03-07, dated 06/24/03

REFUGEES

Refugees must be determined ineligible for Medi-Cal before they can be placed in the Refugee Medical Assistance (RMA) or Entrants Medical Assistance (EMA) programs. If the beneficiary is eligible for medical assistance under any other Medi-Cal program, then Medi-Cal must be approved and not RMA/EMA. If a refugee is ineligible for that program because there is no linkage, then place the refugee in RMA/EMA because linkage is not required for RMA/EMA.

Refugees in RMA/EMA are eligible to full scope Medi-Cal for up to eight months. After the eight months, staff should review the case to see if there is any other eligibility for Medi-Cal. If there is not enough information in the case to make a determination, additional information can be requested from the recipient.

NOTE: Asylees are treated the same as Refugees.

Ref. Medi-Cal Eligibility Procedures Manual Letter 256, Article 24B, dated 01/04/02.

Manual Termination on Leader for Incomplete Re-determination
LEADER WORK AROUND # 45

Until LEADER programming for 1931(b) is in place, cases ineligible for the following reasons may be manually terminated using these instructions:

- Failure to provide complete information for the redetermination.

Eligibility Worker takes the following action in LEADER after the Medi-Cal ex-parte contact process has been followed:

1. **Go To** the *Client Correspondence* Subsystem, **Forms Management History** screen. Enter the case number and select ***Open Window***.
2. Highlight **"SOFCOV-REDETERMINATION"** showing the most recent distribution date and select.
3. Enter the current date in the "Rcvd Date:" box and select "Received" as the status.
4. Close the screen to bring up the redetermination queue or **GO TO** the **Restart Rd Driver** screen in the redetermination subsystem.
5. Go through the queue by closing each screen as it appears until the Data Collection Wrap-Up screen appears.
6. Change the Valid Form: date to the current date on the **Data Collection Wrap-Up** screen.
7. Type "N" in the Statement of Facts [Y/N] box.
8. Run SFU/EDBC in accordance with existing procedures and authorize case.
9. **Go To** the **Free Format NOA** screen in the **Client Correspondence** subsystem.
10. Select the **Initiate User Requested Client Correspondence** screen, enter the case number in the *case #* box and *Open Window*. This brings up the **Initiate User Request Client Correspondence** screen.
11. Select ***Free Format NOA*** as the Format, the applicable Medi-Cal Program from the Program field and ***FREE FORMAT NOA (MC)*** in the Description field and select ***Detail***. This brings up a blank Free Format NOA.
12. Complete the blue fields with the information shown on the Attachment.
13. Place a note on top of the case record to alert the ES to suppress the NOA after approval.
14. Document on the Case Comments screen in the Data Collection subsystem that the complete SOF was not received and write all ex-parte steps that were taken to contact the participant.

Additional paperwork required must be manually completed. Be sure to review MEDS printouts and all Special Program printouts to ensure the termination functioned on MEDS before sending the case to Suspense.

NOTE: LEADER Build #144 automated the non-receipt of the annual redetermination and the WORK AROUND is no longer required for this process

CHDP Gateway New Aid Codes

Two new aid codes will appear on MEDS effective July 1, 2003 to reflect the implementation of pre-enrollment of children through the CHDP Gateway Program. Children pre-enrolled through the Gateway are eligible to temporary no-cost, full-scope Medi-Cal benefits for 60 days. If a joint Medi-Cal/Healthy Families application is submitted by the child's parent(s) within the initial two months, pre-enrollment continues until an eligibility determination has been made. The new aid codes are:

-8X CHDP Gateway Medi-Cal. Child pre-enrolled who is screened as probable no cost Medi-Cal eligible.

-8W CHDP Gateway HF. Child pre-enrolled who is screened as probable HF eligible.

An additional aid code "8Y" will be used to identify children known to MEDS in an aid code linked to undocumented immigrant status. This child is enrolled for CHDP services only.

Ref. ACWDL 03-33, dated 06/18/03.